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‘Appeasing the unstrung mental faculties’: listening to music in nineteenth-century lunatic asylums

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Abstract

Listening to music found a new context during the early nineteenth century, in the shape of large, closed institutions set up to house and treat the insane. In response to social reform as well as a growing problem of mental health, lunatic asylums for paupers were set up across Britain during the first half of the nineteenth century. Replacing the previous practices of restraint and containment, a system of ‘moral management’ dominated the new asylums. Patients’ lives were kept busy and ordered, with careful attention given to their employment, their diet and their recreational activities. Music played an important part in establishing the routine of the new institutions. Formal dances offered a social occasion, and a controlled environment within which the two sexes could meet. Both dances and concerts were used as a reward for patient behaviour, encouraging the kind of self-control which was seen as crucial to recovery and rehabilitation. Musical events acted as a diversion from the grim realities of institutional life, and played an important role in allowing patients to engage with religious observance. Musical experience could be active or passive; patients might engage by dancing or making music of their own, and their music might be symptomatic of illness or wellbeing. Using documents including formal records, patient notes and newspaper reports, it is possible to investigate some of the ways in which listening to music played a therapeutic role, and the particular place of musical experience in the lives of asylum patients.

Biography

Rosemary Golding is a Senior Lecturer in Music and Staff Tutor in Arts at The Open University, where she has worked since 2009. Her research is focussed on the forms and meanings of music in nineteenth-century Britain. Key publications include the edited volume *The Music Profession in Nineteenth-Century Britain, 1780-1920: New Perspectives on Status and Identity* (Routledge, 2018) and the monograph *Music and Academia in Victorian Britain* (Ashgate, 2013). Golding has a keen interest in the relationship between music and health, and has been engaged in a series of archival studies on music in nineteenth-century lunatic asylums as an extended case study. Other current research interests within the nineteenth century include the history of women in musical life, and musical identities in provincial Britain.

Music pervaded many areas of Victorian public and private life, and the new institutions founded for the care of the insane during the nineteenth century were no exception.¹ Within closed institutions such as workhouses, prisons and asylums the musical opportunities and experiences available to

¹ I am grateful to the Wellcome Trust for a research expenses grant which enabled me to carry out the archive visits for this article, and to my colleagues and the anonymous reviewers for their valuable input. The article includes a number of concepts and terms, such as ‘lunatic’, ‘idiot’, and ‘pauper’, which would be considered offensive in modern contexts. I have included them here in reflection of the terminology in use during the nineteenth century. The modern-day terms ‘mental health’ and ‘mental illness’ are also used where appropriate. Further information on the meaning of specific terms is given in the relevant footnotes.

occupants have remained largely unexplored. Yet the available sources on the place and role of music within lunatic asylums, the topic of this article, offer a new perspective on the ways in which music took a part in the lives of the unfortunate inmates, as well as a more general insight into beliefs about the potential impact of musical listening. With provision for the mentally ill expanding enormously during the nineteenth century, much of it under strict state controls, formal reporting of the activities and impact of institutions also grew. It is from these official records that I draw most of the material examined here. The listening experiences of many patients were part of attempts to recreate everyday life within the cloistered context of the asylum. But they also reflected schemes of treatment intended to help foster self-control and conformity, as well as a link to therapeutic practice and early investigations into the ways in which music, and musical response, could inform understandings of the brain. 'Listening' therefore forms part of a wider set of experiences and structures within which patients' lives were managed.

Listening in the Asylum

The listening experiences of asylum patients were, naturally, of a different order from those of many men and women living outside the institution. Patients had limited control over their physical surroundings, and this extended to the auditory environment. When music was on offer, patients might have the choice of attendance, but at times events such as concerts and dances were used as a reward, and no doubt others were present against their will. The choice of repertoire was dictated by asylum staff, as well as by the resources available and the talent of those performing. While many asylums aimed to offer comfort by replicating some of the features of patients' home environments, life in an institution was markedly different from the pleasures and privileges of the outside world.

I draw here on a range of printed records, largely annual reports, produced by a range of both public and private asylums in England during the nineteenth century.² The listening described in formal reports reveals a range of types of engagement with music, from active participation via dancing or

² Archival research encompassed the pauper lunatic asylums in Norfolk, West Riding, Gloucestershire, Worcestershire, Derby, and Brookwood (Surrey), together with private institutions at York and Barnwood in Gloucester, the Bethlem Hospital, and the Holloway Sanatorium.

singing, to a more passive relationship as a member of an audience (whether formal or informal). The reports also suggest a variety of ways in which patients responded to the music, and in which it was beneficial for their care or treatment. The positive effect of music was reportedly achieved by its influence on patients' intellectual capacity, by restoring a sense of self-control, or redressing an imbalance in energy that was seen as a contributor to poor mental health. Where patients were considered to have lost control of their minds or bodies, engagement with music was an opportunity to regain this self-discipline. Besides this, music offered opportunities for diversion and entertainment, as well as a context for social meetings between the different groups of patients.

This twofold presentation of music – as entertainment and as control – reflects developing contemporary debates about musical appreciation via emotion and via intellect.³ It also reflects conflicting interpretations of the nineteenth-century asylum system as a whole. While writers of the time emphasised the humanitarian, benevolent intentions of the new institutions (summed up in Leonard Smith's title *Cure, Comfort and Safe Custody*), Michel Foucault positions the emphasis on domestic moral values as a drive to suppress dissent and impose social norms.⁴ This more ambivalent picture – perhaps of Care, Cure and Control – is echoed elsewhere in music's place within philanthropic endeavours, such as the association between the tonic sol-fa movement, dissenting Christianity and temperance examined by Charles Edward McGuire.⁵ Music was linked to both moral and social impact, echoing concerns for rational recreation and self-improvement that saw music introduced in contexts from Mechanics' Institutes to industrial mill and mining communities. Music was often placed uneasily between this drive for rationality and economic benefit, and the alternative picture of the Romantic musical genius, where aestheticism and the imperfections of humanity took centre stage.⁶ The meanings of musical experience

³ I discuss this debate, particularly as developed in publications during the 1890s, below.

⁴ See Leonard Smith, *Cure, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth Century England* (London and New York: Leicester University Press, 1999) and Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Pantheon, 1965, trans. Richard Howard). Foucault argues that the new order of asylums was an attempt to impose a strict order and control onto the insane, segregating those who could threaten society through their unwillingness (or inability) to conform.

⁵ *Music and Victorian Philanthropy: The Tonic Sol-Fa Movement* (Cambridge: Cambridge University Press, 2009). This theme is also considered in Helen Barlow's article in this issue.

⁶ The complex relationship of music to the idea of 'liberalism' is explored in Sarah Collins's recent edited volume, *Music and Victorian Liberalism: Composing the Liberal Subject* (Cambridge: Cambridge University Press, 2019).

in the asylum therefore begin to open further windows on much broader concerns for both medicine and society. The idea of 'listening' also takes on a variety of meanings in this context. Listening to music might be a deliberate, focussed act, or something more incidental. It might also form part of a carefully-managed social occasion, a reward or punishment, and bring expectations of certain behaviours. The ability to sit and listen to music, or to engage in appropriate social behaviours (such as a formal dance or religious service), was particularly relevant for asylum patients for whom control, and self-control, represented the achievement of restraint and order.

The evidence presented here adds a new dimension to discussion of listening experiences in everyday life during the nineteenth century, particularly outside the formal experience of the concert hall. It begins to suggest aspects of a philosophy of musical listening – an attempt to discuss the effects of music in a scientific way, particularly important within a medical setting. While the accounts are usually generalised, far from the specific, personal data discussed in the other articles in this issue, they give a picture of how musical listening among asylum patients was presented to the authorities, and how the place of music (particularly in pauper institutions) was justified to the taxpayer.⁷ Within the development of a discourse of musical listening, primary reports by non-specialists, such as those considered here, add an important angle for consideration.

Evidence

The listening experiences examined here are evidenced largely by third-party writings, chiefly formal reports published annually by each Pauper Lunatic Asylum. The most extensive reports were written by the Medical Superintendent, who oversaw the institution as well as guiding its treatment. Additionally, reports by other officers such as the Chaplain offer insights into the everyday workings of the asylums. Further information comes from the reports of the Commissioners for Lunacy, inspectors who would visit the asylum twice annually to examine its management and patient welfare. My final

⁷ In the case of state-run pauper lunatic asylums, as in workhouses, 'paupers' were those who were destitute, unable to provide for themselves, and who required support from local authorities for basic supplies such as food and clothing.

piece of evidence is an article on experiments into patients' musical experiences, published by the physician Richard Legge in 1894.⁸

Very little patient testimony about the music available in lunatic asylums is available for inclusion here. While some material produced by patients survives in archives, the vast majority reflects little of the day-to-day life and conditions of the asylum, ranging instead from fantastical poetry to letters claiming false imprisonment and demanding release. Although many patients did recover and were released from the institutions, there is little written by former patients on their experiences. Mental health carried a heavy stigma during this period and few would have been willing to dwell on their time in the asylum, let alone produce extended memoirs or published material.⁹ One exception is the memoir published in 1879 by Herman Charles Merivale, which describes his time in a private asylum, as well as his efforts to escape and outwit his captors.¹⁰ Like many writings, however, the text is largely concerned with protesting against false imprisonment and gives little away about the asylum itself.

A final category of written evidence is the case notes kept for each patient. Case notes give a detailed account of the patient's condition on arrival, including the required recommendations for committal, and their state of physical and mental health during the first few weeks in the asylum. In general, it is the patient's condition rather than their activities which are given attention. The scant references to music in patient case notes usually cite playing the piano (usually an indication of mental well-being) and singing (usually a symptom of madness), but almost never refer explicitly to listening or

⁸ Richard Legge, 'Music and the Musical Faculty in Insanity' in *Journal of Mental Science* 40/170 (July 1894), 368-375.

⁹ Contemporary views stemmed from a number of influences: the popular association of asylums with the notorious 'Bedlam', depicted widely during the eighteenth century as a vision of 'Hell on Earth'; the association of madness with sinfulness, particularly as depicted in William Hogarth's engraving of Bedlam from the final episode of *The Rake's Progress* (1735); and the widely-held belief that one of the principal causes of madness was hereditary disease. Asylum Medical Superintendents frequently lamented that families were reluctant to commit relatives to the asylum, preferring instead to care for them at home, often until their illness was too advanced for the available treatments. The social and cultural context of madness in the late-eighteenth and early-nineteenth centuries is discussed in detail in Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven and London: Yale University Press, 1993), 46-69. Scull notes that 'in seventeenth- and eighteenth-century practice, the madman was often treated no better than a beast' (92). While the reforms of the nineteenth century accompanied a fundamental change in mindset regarding the humanitarian essence of the insane, popular stereotypes were slow to disappear altogether.

¹⁰ *My experiences in a lunatic asylum by a sane patient* (1879). Although Merivale mentions various musical and other activities, he records that he was not inclined to attend concerts or musical parties.

reception of music. One female patient at the Holloway Sanatorium, for example, was reported to be 'in a state of dull stupor' for months, apart from occasional episodes 'when she will suddenly change into a most lovely condition, dances and sings + plays the piano all day long'.¹¹ Despite the behaviour being described as 'eratic' [sic], playing the piano, together with talking, was interpreted as a sign of improved liveliness. Later in her stay, however, the same individual was reported as having 'wakened up suddenly, is very objectionably lively now, dances about + sings at night keeping other patients awake.'¹² Thus a patient's engagement with music could form an important part in the indication of their mental state and wellbeing. The detail given in this particular report is unusual, however, and most patients are not recorded as engaging in musical activities or other entertainments as part of the medical reports.

The focus of formal reports is on the generalised effect of listening to music on the asylum's pauper patients, as viewed through the lens of the educated middle class management. The evidence collected therefore presents a particular, perhaps idealised, slant on musical listening. It plays into other systems of philanthropy and control, whereby 'wholesome' entertainment was encouraged as a means of occupying the growing working classes.¹³ We can gain an understanding of the ways in which musical listening and music psychology began to be theorised, both in terms of a form of treatment and as a moral or social good. Medical staff (and, on occasion, others such as the chaplain) were most interested in the social roles of music, its ability to calm or to agitate, and its restorative power. Legge's 1894 article demonstrates a particularly nuanced attempt to collate individual responses to music and move towards a more systematic understanding of music's power.

Authorities' attempts to recreate some of the musical comforts of day-to-day life outside the asylum give us further information about the kinds of music prevalent in communities, whether real, or imagined by the asylums' management. More immediately, the records of musical listening in asylums –

¹¹ Holloway Sanatorium Case-book A: Females. Certified patients admitted Aug 1885-Dec 1887, 1: 13 August 1885 and 1 September 1885. Available at Closed stores WMS 2 (Shelfmark: MS.8159). Accessed online on 12 February 2017 at <https://wellcomelibrary.org/collections/digital-collections/mental-healthcare/holloway-sanatorium/>

¹² Ibid., 20 March 1886.

¹³ With respect to Music, see McGuire, *Music and Victorian Philanthropy*. A comprehensive study of the idea of 'rational recreation' can be found in Peter Bailey, *Leisure and Class in Victorian England: Rational recreation and the contest for control, 1880-1885* (Trowbridge: Routledge, 1978).

both in the form of reports and written statements, and via concert programmes and other sources – provide some indication of the music available to a portion of the lower classes, where otherwise scant evidence is available. In some cases the musical experience of asylum patients was, no doubt, modelled heavily on the ideals of the asylum’s managers and officers, usually from privileged backgrounds. Music had to be framed as part of treatment, rather than a luxury: pauper asylum patients were, after all, maintained at the ratepayer’s expense. Engagement with music on an intellectual, moral level would have been more acceptable than an emotional, pleasurable response. Yet the evident responsiveness of both patients and the nursing and attendant staff, to both sacred and secular musical experience, is also a useful reminder of the richness of musical life among the lower classes.¹⁴

The documents examined here were not written by trained musicians, or by the patients themselves, but largely by members of the medical staff of the asylums. Musical listening is therefore considered in its functional role, as part of the social and therapeutic regime of the institutions. Here it is the impact of music – different types of music, and in different settings – rather than the particularities of musical pieces that is under consideration. Both the intended and actual influences of music recorded give a colourful picture of the way listening to music functioned within the asylum environment. The different effects and functions of listening suggested by reports and anecdotes help to build up a picture of the aesthetic role of music within asylums. Yet it also highlights tensions. Music was used to control, to signal certain social norms and aid with religious observances. It contributed structure and provided points of focus for patients often adrift from the normal patterns of every-day life. At the same time it was an important signifier of the liberal attitude towards care for patients, together with improved surroundings and opportunities for rehabilitation.¹⁵ The different ways in which music was used, and in

¹⁴ Nurses and attendants were poorly-paid and most often drawn from domestic service (nurses) and the military (attendants).

¹⁵ The most fundamental change in attitudes towards madness, as described by Andrew Scull, was the shift from viewing the insane as beastly, or subhuman, to a new view of madmen as ‘in essence a man; a man lacking in self-restraint and order, but a man for all that’. See Scull, *Most Solitary of Afflictions*, 93. This altered both the way in which the insane were treated, and the potential for cure and rehabilitation. Such a change in perspective underlay the moves towards the principle of non-restraint, and treatment via moral means (see below).

which listening and experiencing were reported, reflect this tension as well as the diverse concepts of musical expression and impact live during the period.

Victorian Asylums

Until the late eighteenth century provision for those suffering from mental health illnesses was scarce. With a stigma attached to insanity, only the very worst-afflicted would have treatment or special care sought on their behalf. For wealthier patients, private madhouses run as profitable concerns could offer respite to family members or friends. For the poor, lunatics were held together with paupers in workhouses, sometimes in separate accommodation, but with little distinction in terms of treatment. A small number of charitable institutions existed for the chronically unwell, but with limited space and availability often relying on patients meeting special criteria. Among these were the Bethlem and St Luke's hospitals in London, and the smaller Bethel in Norwich. The York Retreat, a Quaker charitable institution, was set up in 1796 with the express intention of addressing the poor conditions experienced by paupers in the public asylums. Medical treatment throughout these contexts was poor by today's standards. With little understanding of the causes of mental illness, the aim of many institutions was simply to keep patients secure, and to prevent them becoming a danger to themselves or others. Physical means of restraint were not unusual. Treatments were experimental and included leeching, cupping (draining blood), shaving and immersion in cold water. Leonard Smith notes that physical treatment was at the core of mental health care until the late eighteenth century:

Lunatic hospitals were developed within a clearly medical context, consistent with the concept that madness was a disease whose relief or cure required medical intervention. In this construction, the claim of medical men to responsibility for the management of insanity was self-evident and not amenable to argument, at least until the challenge of the York Retreat at the end of the century.¹⁶

As with other medical theories dating back to the Ancient Greeks, treatment was focussed on restoring balance within the patient; mental illnesses were therefore addressed by removing excess energy via blood or heat.¹⁷

¹⁶ See Smith, *Lunatic Hospitals in Georgian England, 1750-1830* (New York & London: Routledge, 2007), 4.

¹⁷ Humoural theory was based on the work of pre-Socratic Greek philosophers including Alcmaeon and Hippocrates, and developed further in the writings of Galen. It was based on the idea that the body held four fluids (the humours)

The late eighteenth century saw an important change in the approach taken towards care of the mentally ill. A well-publicised patient death in a York asylum raised the profile of restraint as well as the poor conditions prevalent in many workhouses and charitable institutions.¹⁸ New institutions, such as the York Retreat set up by a Quaker group headed by the prominent Tuke family, were focussed on overall patient wellbeing, environment and cure. The Retreat's founders emphasised kindness, mildness and benevolence in their treatment of patients, using both the domestic routine and patient employment to recreate normal life as far as possible. The new approach was centred around an 'apparently humane system, with its infrequent recourse to restraint and its attempt to re-create a sense of family'.¹⁹

With changes in public health and social care in the early nineteenth century, the State began to take a new approach to provision for the mentally ill and a series of large, public institutions for the insane poor were established. From the mid-nineteenth century, therefore, asylums fell into three broad categories: Pauper asylums, Charity asylums, and Private asylums. Pauper lunatic asylums were set up as state-run bodies in each county between the 1810s and 1840s: an Act of 1808 gave local authorities the powers to set up asylums using ratepayers' funds, while a later Act of 1845 compelled authorities to provide for their pauper lunatics in this way. By the end of the nineteenth century over one hundred pauper asylums had been founded, with over 100,000 patients in residence. Some counties and municipal areas set up several separate institutions as demand grew, while others shared provision between different districts; many institutions went from a couple of hundred patients in the 1840s to well over a thousand by the end of the century, with the expansion in living and sleeping accommodation, amenities and land that this required.²⁰ Unlike the workhouse, asylum authorities increasingly aimed to avoid an

which affected a person's temperament, as well as their health. Imbalance of the humours would result in poor health. See Jacques Jouanna, trans. Neil Allie and ed. Philip van der Eijk, 'The Legacy of the Hippocratic Treatise *The Nature of Man: The Theory of the Four Humours*' in *Greek Medicine from Hippocrates to Galen: Selected Papers* (Leiden: Koninklijke Brill, 2012), 335. While advances in mainstream medicine meant humoral theory was considered of little use after the early nineteenth century, the slower progress in understanding the brain, and in particular the causes of mental illnesses, meant that more outdated theories and treatments remained in place in asylums and related settings until much later.

¹⁸ See Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge: Cambridge University Press, 1985), 12.

¹⁹ *Ibid.*, 33.

²⁰ The total population of lunatics in England and Wales was recorded as 20,893 in 1844, and 85,352 in 1890 (see Scull, 362). The enormous expansion of asylums is detailed in Scull, *The Most Solitary of Afflictions*, 364-370.

association with punishment, although the stigma of mental health was unavoidable for both patients and their families.

Charity asylums were often endowed or descended from institutions originally based within religious establishments, although many grew in size and scope on the model of the larger pauper institutions. Some, such as Bethlem Hospital in London, found their traditional aim of helping the very poor was superseded by the new state institutions, and moved to support the impoverished middle classes. By the middle of the nineteenth century Bethlem was largely catering for educated and skilled workers, some of whom were able to support the charity further via their friends and relatives. Private asylums were perhaps the most variable. Small, privately-run houses continued to exist on the same model as those found in the eighteenth century, providing a discreet home-from-home for the wealthy. Yet larger, purpose-built institutions also developed, some providing superior facilities (such as Ticehurst House in Kent, which gained a reputation for shielding the aristocracy), and others offering an affordable option for the middle classes (such as Holloway Sanatorium in Surrey).²¹ The examples here are predominantly drawn from the superior formal records of the pauper asylums.

The 'non-restraint' movement came to characterise developments in public asylum provision during the early nineteenth century.²² The idea of 'moral management' encapsulated a new attitude towards caring for, and potentially curing, asylum patients, rather than merely keeping them away from the rest of society. This was to be achieved both through medical means, and through new therapies, such as employment and recreation, as well as the interactions between patients, staff and management. In other words, the whole of a patient's life was to be ordered in a way that would help to manage their mental state, from diet to surroundings to day-to-day activities. Although asylums were run on tight budgets, a healthy diet, access to the outdoors, clean accommodation and engagement in work or other activities were seen as part of the potential cure. The carefully-controlled environment of moral

²¹ For detailed studies of these two institutions, see Anna Shepherd, *Institutionalizing the Insane in Nineteenth-Century England* (London: Pickering and Chatto, 2014) and Charlotte Mackenzie, *Psychiatry for the Rich: A History of Ticehurst Asylum* (Wellcome Institute Series in the History of Medicine, London and New York: Routledge, 1992).

²² Non-restraint and moral management receive detailed consideration in Smith, *Cure, Comfort and Safe Custody*.

management was not always extended to the aural environment; where instruments were provided for patient amusement there is no indication that their 'performances' were directed in any way. However, the development of asylum bands, and in particular the regular organization of dances and religious services, and occasional fetes, shows and visiting performers, formed a part of the larger scheme for structuring day-to-day life in a controlled, ordered manner. The intended patient response – also controlled and carefully regulated – was, similarly, part of this larger scheme.

As already noted, asylum management aimed to offer comfort to patients by replicating some of the familiar features of everyday life outside the institutional walls. At the same time, it was an idealised, sanitised version of 'everyday life' that was propagated by the middle- and upper-class physicians, clergy and staff and supported by local philanthropists as well as the body of taxpayers and politicians responsible for poor relief. Reports of musical activity, as well as other provision, therefore gives us insights into both actual and ideal roles for music and healthcare during the period.

In addition to the variety of institutions used to house and treat people suffering from mental illness, medical terminology accounted for a range of different conditions. These were recorded at a patient's admission into the asylum, together with the apparent cause of the affliction. The main categories were generally used to describe patients: the term 'idiot' was used to describe patients with a permanent and serious condition of lack of understanding; 'imbecile' was a category used to describe patients who had acquired a permanent cognitive impairment after birth; finally, 'lunatic', while also used as a general term, referred to patients with an acquired condition who also experienced lucid intervals.²³ These conditions were not usually considered remediable and patients were therefore treated with kindness but no hope of a cure. Those considered to be suffering from an imbalance in humours could be melancholic (suffering from sadness or depression; an extreme case might exhibit paralysis) or

²³ The terms were given official sanction in the 'Idiots Act' of 1886, although meanings and usage remained fluid, along with a range of alternative terminology. Clarification of terminology was welcomed by the medical profession; the Act was reported in the *Journal of Mental Science* in April 1887, which acknowledged the preference for 'imbecile' among many parents of children with learning difficulties. See 'Idiots Act, 1886' in *Journal of Mental Science*, 33/141 (April 1887), 103-108.

manic (suffering from an excess of heat or energy leading to periods of insanity).²⁴ Terms which would not be appropriate in modern-day medical or social use are reproduced here as they appear in the sources, but it must be remembered that formal definitions were not in place and most labels were used with a degree of fluidity.

Music in Asylums

The patients in asylums came from many different backgrounds, and their experience of music prior to admission would have varied enormously. Many of the middle- and upper-class patients in private institutions would have been familiar with events held in private rooms and salons, mixing with professional performers; a number would have been accomplished musicians themselves. Some might have been accustomed to attending larger concerts on a regular basis, particularly in the larger towns. Among the poorer patients in charitable and pauper asylums, musical experience might have included hearing military bands in public spaces, attending dances and festivals or learning folksongs. Many would have been familiar, either directly or indirectly, with music in the context of the church or chapel service. Poor patients were not necessarily unskilled or uneducated; among the patients admitted to pauper asylums were governesses, clerks and school teachers, as well as professional musicians, piano tuners and music dealers.²⁵ Thus the musical experiences of patients within the asylums were linked to, and need to be set in the context of, their prior musical encounters.

Music found a place at the majority of Victorian asylums and patients were engaged in both listening and more active musical endeavours.²⁶ Some music was present at many of the asylums during the first half of the century, in the form of ad hoc playing and hymn singing, but it is from the 1850s that this began to take on a more organised role. Asylum bands flourished at the pauper institutions and were common from the 1860s; these would typically play for a large dance every fortnight, and also

²⁴ Until the mid-nineteenth century there was little formal medical investigation into the biological causes and features of insanity and the Greek theory of bodily humours continued to dominate much discourse.

²⁵ Patient occupations were noted on admission and listed in the annual reports of each institution.

²⁶ The information in this and following paragraphs is based on unpublished archive research undertaken by myself, with the generous support of a Wellcome Trust Research Expenses Grant, 2015-17.

accompany patients on expeditions such as picnics, as well as playing for annual fairs and celebrations. The band was usually made up of attendants, meaning patients took part via dancing (and perhaps singing along), rather than formal musical participation. Asylums, like workhouses and prisons, also offered Christian worship as part of their regime, and services were held either in purpose-built chapels or in communal areas such as the dining hall.²⁷ An organ was not a given, and in some it was a temporary harmonium or piano that accompanied worship. The performer might be a patient, but was more often a female relative of one of the medical staff, or a local professional. In this case patients were active participants, joining in with hymns and other music. In some cases a specialist choir was formed but, like the asylum band, this tended to be made up of employees rather than patients.²⁸

Other musical experience was to be found in a programme of events and entertainments. Choirs, handbell ringing groups, minstrels, string quartets and solo performers were all to be encountered visiting asylums. The budget set aside for such entertainments, even at the pauper institutions, was remarkably generous and confirms the dedication to providing a good quality of life as part of moral treatment.²⁹ Towards the end of the century groups of patients might be found visiting concerts or the opera (particularly where the location of the asylum made for easy access), and in some asylums facilities were built to allow for large-scale dramatic performances, operettas and orchestral concerts.³⁰

Musical performance by patients in the pauper asylums is less common, partly because of the lack of instruments. Charles Hills, a Medical Superintendent at the Norfolk County Asylum, reported in 1872

²⁷ The default was Anglican worship, although at some institutions (particularly as patient numbers grew) Catholic, non-conformist and Jewish celebrants were able to attend the Asylum.

²⁸ Exceptions to both rules existed; for example the choir at Chester County Lunatic Asylum was formed of patients. The Chaplain selected those whom he could 'depend upon', regardless of their enjoyment of the singing. See *Report of the Chester County Lunatic Asylum... Year Ending 31 December 1870* [Cheshire Record Office HW/64], 23-4.

²⁹ The pauper asylums in my study regularly spent funds on instruments (brass, wind and strings, pianos, harmonium and/ or organ) and their upkeep (new reeds, new strings, repairs, tuning and replacement parts), sheet music and band parts, hymn books, music stands, and visiting performers, including a regular organist. Further expenses were needed for training a band or choir. In the Worcestershire County Asylum in 1867, for example, expenses included £6 for the Band Instructor, £15 16s for Music and Instruments, £1 2s for Tuning and Repairing the Piano, and £3 10s for Repairing the Harmonium (See *Fourteenth Annual Report of the County and City of Worcester Pauper Lunatic Asylum* (Worcester: J. Hatton, 1867), 18, 54. During this period the staff of 38 attendants were each paid between £16 and £20 per annum.

³⁰ The development of theatrical performances was particularly well-supported at Wakefield asylum, which established its own theatre company and performed full-scale plays, operas and concerts on a regular basis in the last quarter of the century.

that several male patients were violinists, but had no opportunity to play.³¹ One exception was Susanna Wilhemina Sargent, a patient at the Norfolk County Asylum. Sargent took an active role in asylum musical life during her brief stay in the asylum, playing the harmonium for chapel services during the summer of 1870.³² The strict regimes and low numbers of staff may also have prevented the development of informal musical activity among patients. Pianos and other instruments were sometimes bought for patient use, and an orchestrone (a player-organ) was reported in the Worcester male ward in 1893.³³ Later, gramophones began to appear. Formal patient music-making was, as might be expected, far more common among the middle- and upper-class patients at institutions such as the Holloway Sanatorium, where pianos and other instruments were provided, and patients often skilled in performing. The 'salon', familiar to many middle- and upper-class patients, was recreated, and talented residents organised and participated in salons, chamber music concerts and informal gatherings showcasing both classical and popular genres.

The role of music

The broad accounts of musical events contained in the formal reports of the asylum relate musical listening to asylum life in two key ways. First, the act of listening to music itself produced certain effects on the patients, and in many cases was linked to part of their mental recovery, whether in a specific or general sense. Second, the contexts in which musical listening took place were essential parts of the social rehabilitation process: music facilitated a wider form of recovery involving the re-enactment of social and behavioural norms. The latter examples reflect some of the ways in which musical listening (and the associated structures of musical and social life) was engaged as a tool by asylum management in the Victorian period. In many ways rehabilitation within the asylum was about control and conformation

³¹ Superintendent's Journal 18 November 1872 [Norfolk County Archives: SAH 132]. Hills supported music-making among the patients; in this case he noted 'We have, at the present time, several male patients who can play the violin, - if we possessed one they could amuse themselves and others. If permitted, I can purchase a second-hand one for 15s/6d, sufficiently good for the purpose.' The purchase was approved but no further details are given.

³² SAH 264 Case Book December 1865-April 1870, p. 1054.

³³ *Forty-first Annual Report of the County and City of Worcester Lunatic Asylum, for the year 1893, and Financial Statements, 1893-94* (Worcester: Journal and Daily Times, 1894): Commissioners' Reports, 13. The Commissioners 'noticed the gift of a lady, an American orchestrone, which when played at our request by an Attendant, visibly gave much pleasure to many even of the idiot class.'

within social norms, and the physical activity of sitting and listening to music, or following accepted patterns of dance or social behaviour, were core to this social re-conditioning.

Music was primarily used in an entertainment function, to provide pleasure and relieve boredom among patients. Life in the asylum was frequently described as restrictive and monotonous, as much for employees as for patients. Both followed strict schedules with time set aside for work and for recreation. Although efforts were made to equip wards with games and diversions, such as aviaries, newspapers and books, pictures and cards, musical events were among the few scheduled entertainments fully organised for patients. Reports from the Norfolk County Lunatic Asylum captured the importance of music to patients in the 1860s. On music in the chapel the temporary Medical Superintendent J.M. Bacon noted that 'musical additions' were 'a pleasure and a benefit'; his replacement William Hills later noted the patients 'fully appreciate the music'.³⁴ Hills recorded in December 1863 that 'Some young men from Norwich gave gratuitous entertainment to the patients. The negro melodies afforded intense delight to the audience.'³⁵ Later in the decade Hills reveals some details of patient responses to music. In January 1868, for example, he recorded 'This evening six amateurs gave the patients an entertainment in the dining Hall; the programme was a miscellaneous one, and consisted of vocal and instrumental music, recitation reading from "Pickwick", closing with a "Comedy on marriage" the patients evinced their great delight and satisfaction by frequent and hearty plaudits.'³⁶

During the summer other contexts were available: in May 1868, for example, the Norwich records tell us that 'About 60 female patients went this afternoon to Postwick Grove, where they had tea and afterwards joined in a dance to the strains of the violin and concertina, played by 2 male patients; they all enjoyed themselves greatly.'³⁷ Music is repeatedly referred to as a diversion, agreeable, enjoyable, and well-received. In these examples listening to music produced clear responses in patients, from hearty

³⁴ Superintendent's Journal 1861-1878 [Norwich County Archives: SAH 131] 26 October 1861 and 22 November 1861.

³⁵ Ibid., 7 December 1863. Blackface minstrelsy was at its height in Britain during this period, with African-American melodies and songs on an African theme popular in music hall repertoire. See Derek B. Scott, *The Singing Bourgeois: Songs of the Victorian Drawing Room and Parlour* (Second Edition. Abingdon: Routledge, 2017), 85.

³⁶ Superintendent's Journal 1861-1878 [Norwich County Archives: SAH 131], 25 January 1868.

³⁷ Ibid., 28 May 1868.

applause to dancing. Although described in pleasurable terms, there is little suggestion in these accounts that music generated excess emotion in patients; the emphasis is on enjoyment within well-regulated environments similar to the social contexts found at all levels of society.

Listening to music took place within controlled environments, but even these supported a level of social freedom otherwise absent from asylum life. The fortnightly dances allowed for rare contact between the sexes, which were otherwise strictly segregated. Asylum architecture ensured that men and women were housed and worked in separate buildings or wings; outdoor areas were also kept separate and they would not share the same kind of work or location during the day. The music of the dance therefore had an important social function, and dancing itself was an important physical act. Exercise, along with employment and entertainment, was an important part of the 'moral management' philosophy that dominated asylum administration throughout the nineteenth century, with bodily movement essential for keeping patients physically healthy as well as having a beneficial effect on their mental state.³⁸ Listening to music was also an action that brought patients together - whether formally, in the moves of the dance, or as bystanders. The social contact enabled by the music of the dance was carefully controlled through shared understandings of etiquette and the individual dance moves; thus listening to music helped to structure expectations and actions within this context.

This primary purpose of pleasure, relief and variety underscores one of the key principles of the asylum environment. Contrary to the workhouse, where the poor were treated as responsible for their own condition, attitudes to the mentally ill increasingly focussed on affliction as an illness, and treatment as a form of medicine. While patients' responses were kept within acceptable moral and social norms, a pleasurable response to musical listening and engagement was well within the purview of the pauper asylum institutions.

³⁸ The importance of sport as a part of moral management in nineteenth-century lunatic asylums has been examined in Steven Cherry and Roger Munting, 'Exercise is the Thing?': Sport and the Asylum c.1850-1950" in *International Journal of the History of Sport* 22/1 (2005), 42-58.

Engagement of the mind and body in the form of intellectual stimulation and physical control formed a second key feature of reports describing the place of music in the pauper asylums. This balanced the references to pleasure and enjoyment, relating musical activity closely to the asylum's aims of both care and cure. Reporting on an evening's entertainment at Norwich, for example, William Hills recorded that the music and recitation 'was listened to attentively and appreciated.'³⁹ Likewise the Chaplain at Gloucester, William George Box, noted in 1892 the close attention paid by patients to musical performances and the appropriate nature of their responses: 'The discrimination, also, which they show at concerts, in according their applause to certain songs or singers, or to particular actors, passages, or situations in theatrical performances, has frequently struck me, and their judgment, in my opinion, has been mostly justified.'⁴⁰ Box was clear that the afflictions suffered by the patients at Gloucester reduced neither their enjoyment nor their engagement with entertainments and amusements. Specifically, their ability to listen intently and critically to music or other performances, indicated through their applause or judgement, was an indication of their recovering mental abilities.

There is no indication that musical study was encouraged or cultivated in patients at the pauper lunatic asylums, but at institutions housing middle- and upper-class patients, innovations in the form of patient magazines or other publications supported a more intellectual relationship with the arts. At Bethlem Hospital, for example, the patient magazine 'Under The Dome', dating from the 1890s, included detailed reports of concerts given by both internal musicians and visiting performers, as well as chapel music and other musical and artistic entertainments.⁴¹ The Reports of 31 March 1893, for example, included a record of a concert given by the Plowden Bijou Orchestra, an amateur ensemble featuring several of the institution's own medical staff. Bethlem's reporter noted that 'The programme throughout

³⁹ Norwich Superintendent's Journal 2 February 1877.

⁴⁰ Sixty-Ninth Annual Report of the Gloucester County Lunatic Asylums, at Wotton and Barnwood, near Gloucester. 1892 (Gloucester: Partridge and Robins, 1893), Chaplain's Report, 26.

⁴¹ *Under the Dome: The Quarterly Magazine of Bethlem Royal Hospital* was published between 1892 and 1930. Previous Magazines, Bethlehem Star, Under the Dome and Above the Dome, were handwritten and have not survived. This series was a new attempt to produce something more substantial and long-lasting and was largely produced by the patients themselves with input from officers; particularly at smaller private asylums, patients and staff were encouraged to develop a sense of family and such initiatives were often the result of joint endeavour. See Bethlem Archives, UTD-01 to UTD-09.

bears strong evidence of the high aims of this Musical Society and the artistic manner in which the various pieces were rendered gave the utmost satisfaction to a large and enthusiastic audience.⁴² The programme included violin and 'cello solos together with orchestral pieces by Rossini, Mascagni and Hyslop, as well as Mozart's D major Symphony 'heard for the first time at a London Concert'. A later concert, reported in the same issue, was of miscellaneous character and featured chamber music, instrumental and vocal solos given by both internal amateur performers and visiting professionals. Here the correspondent reported that 'The treat of the evening was given by Mdlle. Doria, who sang "Ah! Quel Giorno" from Rossini's Semiramide, as an encore to which she gave "Il Bacio," and Arditi's "La Stella" Valtz [sic], followed by Jock O'Hazeldean for an encore. She has a voice of magnificent quality and compass, and the audience were greatly delighted.'⁴³

The 'high aims' of the soirees enjoyed by patients at Bethlem, where chamber music and Italian Opera were on offer alongside the popular band tunes more familiar to pauper patients, prompt further reflection on the kinds of music considered suitable for patients of different social backgrounds. For while the Medical Superintendents at pauper institutions wrote of the benefits of music in terms of intellectual engagement and control, music remained a rather raw tool, confined to large-scale gatherings in the dance hall or chapel, and probably of an unrefined quality. Where professional soloists graced the salons of the upper- and middle-class asylums, the pauper institutions relied heavily on the voluntary talents and efforts of their own staff, some of whom received only basic musical training in order to participate in the band or choir. Asylum bands offered a wide repertoire from popular tunes to opera overtures and medleys, and in some cases patients were exposed to visiting soloists or groups, but these tended to draw from opera and operetta repertoire or arrangements. Chamber and orchestral music were not to be found in the pauper institutions. In contrast to schemes of music instruction and participation elsewhere, the valued mental engagement with music was certainly not encouraged by any sense of educational

⁴² 'Entertainments' in *Under the Dome* 31 March 1893, 21-22.

⁴³ *Ibid.*, 25. Among the performers were medical staff Dr. Hyslop and Dr. Percy Smith, Mrs. Percy Smith, the Rev. F.G. Hume and the Rev. N.P. Tower. Bethlem's status and mainly middle-class population meant a good deal of connections in the musical world could be drawn on for concerts and other entertainments, and the institution was frequently visited by amateur and charitable groups.

endeavour. In this sense the intellectual connection meant simply that patients appeared to respond to music with an improvement in their mental faculties, rather than an emotional or physical response.

Although there is scant evidence of the kinds of intellectual engagement with musical listening engendered in the patients, the cognitive effect of music was one of the key aspects in its introduction as part of moral management. Reporting on a Twelfth-night event in the asylum at Hanwell, Middlesex, Dr. Forbes noted that the celebrations were not ‘got up from any motives of display, but constitute part of the system of management adopted by Dr. Connolly, one essential principle of which is – to endeavour to operate on the intellect through the affections.’⁴⁴ Such statements both justified music’s place as part of the state-funded asylum system, and helped to shore up the asylum’s medical credentials. As medical practice became increasingly specialised and treatment of the insane developed according to scientific principles, Medical Superintendents at the pauper asylums sought to align their work with approved methods. The move to understand such features of asylum life as part of an overall medical scheme is parallel to developments set to formalise the profession of medical psychiatry, such as the establishment of journals and a professional body for those working in asylums and similar institutions.⁴⁵ As well as helping to advance the theoretical basis for treatment of mental illness, such bodies enabled greater communication and sharing of practice between Medical Officers involved in asylum management.

Intellectual engagement was closely linked to using music to develop self control. This was the primary therapeutic role of music in the asylum during the period. The Annual Report of the York Retreat in 1908 commented that many visitors attending concerts alongside patients were ‘greatly surprised at the appreciative reception accorded to them.’⁴⁶ The weekly balls at the Worcester Pauper Lunatic Asylum

⁴⁴ Forbes, ‘Twelfth-Night in a Lunatic Asylum’ in *Provincial Medical Journal and Retrospect of the Medical Sciences* Vol. 5 no. 121 (21 January 1843), 336-338: 336. John Connolly (1794-1866) was one of the foremost proponents of non-restraint from his position as Medical Superintendent at Hanwell Asylum from 1839. He published extensively on the idea as well as founding the Provincial Medical and Surgical Association and associated journals, aimed at both recognising and regulating the work of medical practitioners in institutions such as the new asylums.

⁴⁵ The first journal to focus on mental health was the *Journal of Psychological Medicine and Mental Pathology*, which ran between 1848 and 1860 and again from 1875-1883. A rival, the forerunner of the modern day *British Journal of Psychiatry*, was founded in 1853 as *The Asylum Journal*, renamed *The Asylum Journal of Mental Science* in 1855 and *Journal of Mental Science* in 1858. This publication was established in connection with the Association of Medical Officers of Asylums and Hospitals for the Insane, founded by Dr Samuel Hitch in 1841.

⁴⁶ Report of The Retreat, York, a Registered Hospital for the treatment of Mental Diseases for 1908, 8.

were credited with important changes in patients' health, both directly and due to the self-discipline required in order to be allowed to attend:

The amount of discipline and self-control which these reunions exercise on the Patients is productive of the happiest effects, and they have dispelled the gloom and cheered on the breast of many miserable sufferers; many, under the influence of deep melancholy and despair, look on with delight, or even take a part in these meetings, from which not a few have dated their first signs of convalescence.⁴⁷

Although self-control is cited as the key cause of recovery, the general entertainment and positive effect of music is also given credit. The Medical Superintendent, James Sherlock, is perhaps suggesting that discipline and self-control are the key benefits for manic patients, in contrast to the melancholic patients described subsequently. In 1864, Sherlock suggested a more direct relationship between music and treatment:

They [musical encounters] act as adjuvants for their restoration, and where this is impossible, they are found to promote tranquillity, and relieve the tedium of their life by presenting rational subjects for the exercise of their attention, while delusive thoughts, and other indications of Insane habit and action, are controlled by the restraint they necessarily impose upon themselves while agreeably occupied in such a manner.⁴⁸

Whereas in the earlier report Sherlock is mainly referring to patients suffering from melancholic illness, here his comments are more applicable to patients in a manic, or over-excitible, state. Where patients could not be cured, at least they would be contained. Music promoted self-control by providing a focus for the attentions of patients unable to concentrate their minds or, perhaps, control their bodies. As music fitted within very carefully-regulated social events, particularly the dance and the chapel service, it was perhaps the combined effect of music and of social or behavioural expectations that produced such a desirable effect. Nevertheless, if patients were unable to control their behaviour in other day-to-day situations (such as the dining hall or ward), their contrasting behaviour at musical events suggests the particular effect of musical listening (or participation via dance or religious worship) was an important factor in this element of therapeutic treatment.

⁴⁷ Third Annual Report of the County and City of Worcester Pauper Lunatic Asylum, Medical Superintendent's Report (Worcester: Chalk and Holl, 1856), 34-35.

⁴⁸ Eleventh Annual Report of the County and City of Worcester Pauper Lunatic Asylum, Medical Superintendent's Report (Worcester: Deighton & Son, 1864), 97.

Music's place in religious worship was likewise linked to self-control. The Chaplain at the Gloucester County Asylum reported in 1888 that

I must exceedingly praise the orderly and reverent behaviour of the patients during Divine worship. It is very remarkable that even those who are most troublesome and noisy in the wards, should so restrain their natural impulses as to remain perfectly quiet for more than an hour at Chapel. They take evident delight in the musical portions of the Divine Offices and show singular devoutness and earnest attention throughout the Services.⁴⁹

Here, listening to music helped to produce the reverent atmosphere suitable for chapel worship, again helping patients to act within expected social norms. Patients were able to join in through hymns, psalms and sung responses, but many chapels also supported choirs and a mix of participation and listening was therefore usual for chapel music.

As asylum management took on a more formal role, with medical professionals at the helm, the place of music received further attention. John D. Cleaton, the Medical Director at Wakefield, noted in 1858 that 'amusements and recreation repeated periodically and with moderate frequency are now generally recognized as Elements of Medical Treatment in insanity'.⁵⁰

One important feature of music was its ability to act differently on different patients. Reporting generally on music within the institution, the Gloucester Chaplain suggested that 'There can be no question that the various amusements and recreations provided for [the patients] are great factors in appeasing the unstrung mental faculties, and in drawing the morbid mind into healthier channels of thought.'⁵¹ Cleaton similarly reported the powerful effects of music in restoring balance of energies in patients:

The weekly Evening meetings for Singing and Dancing are much appreciated by the patients of both sexes, and have already in many instances been productive of marked benefit not only by breaking the general monotony of asylum life, but in many individual cases by arousing the dormant energies and diverting the gloomy brooding of the lethargic and melancholic on the one hand, and

⁴⁹ Annual Report of the Gloucester County Lunatic Asylums, at Wotton and Barnwood, near Gloucester. 1888 (Gloucester: Partridge and Robins, 1889), Chaplain's Report, 36-7.

⁵⁰ Quarterly reports of the Medical Director to the Committee of Visitors in Medical Director's Journal 1858-67: 29 July 1858.

⁵¹ Annual Report of the Gloucester County Lunatic Asylums, at Wotton and Barnwood, near Gloucester. 1890 (Gloucester: Partridge and Robins, 1891), Chaplain's Report, 35.

on the other by fixing the attention and developing the self control (the exercise of which is a necessary condition of participation) of the flighty and maniacal.⁵²

Cleaton's observations also echo the suggestions made by Sherlock at Worcester, linking music both with raising the spirits of the melancholic patients, and with fixing the attentions of patients suffering from mania. It is interesting to note that the same musical events could have such markedly different effects on different groups of patients. In contrast to the generalised, large-scale nature of musical events in nineteenth-century asylums, Cleaton's account suggests that music did, indeed, work in a personal manner for his patients. Those suffering from an excess of energy found that music could focus their attention and improve their self-control, while those depleted of energy experienced an uplifting, energising response. Although asylum reports tended to focus on the self-control and intellectual fixing engendered by music, this suggests that the emotional and pleasurable aspects were equally important for depressive and melancholic patients.

There is little discussion about the kinds of music, or musical events, suitable for patients in the asylum or suffering from different forms of mental illness. As psychiatric treatment began to receive more scientific attention and a medicalised approach adopted from the 1870s, music's role as informal therapy continued, but received little further investment or attention. Asylums continued to host bands and choirs, but increasing patient populations and financial pressure meant this aspect of asylum life, and indeed the broader question of moral management, was not further developed. The general idea of music as therapy was, however, taken up on occasion, perhaps most notably by the late-nineteenth-century innovator Frederick Kill Harford, whose 1890s organisation, The Guild of St Cecilia, experimented with music as a formal component in hospital treatment. In contrast to earlier practitioners, Harford did consider different types and genres of music to be suitable for the treatment of different ailments, particularly where patients suffered from mental illness.⁵³

⁵² Ibid., 28 October 1858.

⁵³ Harford was a clergyman with a strong belief in the power of music to reduce pain and anxiety in both physical and mental illness. The Guild was founded in summer 1891 with the intention to provide musicians for London hospitals. One key feature was that the musicians would not be seen by the patients, and in time Harford proposed to set up a telephony network in order to relay music direct from a central performing location. The effect of the 'live' performances would be sustained by the use of music boxes and phonographs. See William B. Davis, 'Music Therapy in Victorian England' in *Journal of British Music Therapy* Vol. II no. 1 (1988), 10-16.

The overall positive reports of music in asylums are countered by occasional suggestions that music had a potential negative effect. Music was not encouraged during the early days at the York Retreat: it was unsuitable given the Quaker foundation of the institution and the wish to provide a simple lifestyle free from over-stimulation. A letter from Samuel Tuke from 1850 reflects the continuation of these views. Tuke was descended from the Retreat's founders and maintained a close interest in its management. He writes

We are not to assume when we read the reports of great entertainments or theatrical exhibitions within the walls of an asylum, in which the Patients are the actors, that the remedy has been found and the evil removed. These great and very occasional efforts to occupy and amuse the Patients even if no objection could be taken to their character, are very transient in their pleasurable effect, and if not followed up [166] by any corresponding efforts to please, may probably only induce a stronger feeling of restlessness and discomfort under the requisite restraints. What we want in Asylums is not (except in a few cases) the violent excitement of pleasurable feelings but the engagement of the mind in the pursuit of some rational object in which it can feel an interest or in which without much painful effort, it can be induced to engage.⁵⁴

Tuke's cautionary words reflect the impact of musical listening on patients, particularly the energy produced in melancholic patients and reported by Sherlock and Cleaton. On the other hand, he does not appear to consider the potential of music or drama to produce self-control or intellectual stimulation. In this case he is perhaps referring to a more complex and participatory form of event, but the question of the overall effect of musical listening, particularly when linked to a single event, remains. Where other writers have argued for the long-lasting impact of a musical performance (beginning from the anticipation several days beforehand and perhaps leading to eventual recovery), Tuke sees entertainments as individual events which, while producing strong and perhaps positive effects on the patients, would only serve to exacerbate the feelings of melancholy or dissatisfaction felt in the rest of life.

The Retreat's religious foundation meant that music, along with many other recreational activities, remained outside the scope of its provisions for patients until the influx of a broader selection of classes and religions in the second half of the nineteenth century. Prior to this, the Retreat ran on a simple combination of work, exercise and religious observance; its charitable foundation meant patients' skills were put to use in domestic work and simple crafts with no provision for recreation.

⁵⁴ RET 1/1/4/3 1840-73, 165-6. Letter from Samuel Tuke to the Retreat management dated 13 April 1850.

One patient record of musical activities further critiques the place of music in the asylum. Elizabeth Naish Capper, who had been a patient at the Retreat in the first half of the nineteenth century, wrote later reporting on the afternoon religious meetings that

from week to week an attempt was made to induce this miserable company to sing hymns. The incongruous effect was not lessened by the knowledge that the lady who was usually asked to lead the singing with a piano was hopelessly melancholy... There was mostly a hymn sung, once if not twice during the time, when the lady I have spoken of played the piano. If she did not feel able to come down, which was occasionally the case, there seemed some difficulty about it. There were a few servants who could sing, but the general effect was to deepen the gloom.⁵⁵

Boredom and melancholy were significant problems at institutions where little was done to provide for the day-to-day activities of patients; as with Harford's patients, the wrong kind of music could, perhaps, have a negative effect. At the Retreat it was not until the late 1830s that land for farming and outdoor occupations was purchased. From the 1850s wealthier private patients were accepted, in part to ameliorate the financial difficulties of the charity. With them came a more open approach to music and recreation that gradually saw the adoption of carefully-controlled entertainments as part of the asylum's offer.

Musical listening and its reporting clearly sat within very carefully constrained social and institutions boundaries – whether the need to justify spending on the arts and pleasurable activities in state-funded institutions or the religious convictions of the Quaker foundation at the York Retreat. As medical activity formalised there was an impetus to include theoretical and scientific bases for music, as well as other aspects of 'moral management'. The development of scientific method from the 1870s meant the day-to-day aspects of patient treatment began to receive less attention, particularly in formal reports. An article by Richard Legge, published in 1894, provides further indications of the ways in which music and musical experience, particularly listening, interacted with notions of insanity within the lunatic asylum.⁵⁶

Legge's observations on Music and Insanity

⁵⁵ RET 6/1/19/1/34 Copy of letter written from Elizabeth Naish Capper to a friend (M.R.) in 1878, 25-6.

⁵⁶ Legge, 'Music and the Musical Faculty in Insanity'.

Richard Legge served as an Assistant Medical Officer at the Derbyshire County Asylum, later succeeding to the post of Medical Superintendent. Legge had a particular interest in patient responses to music and drew on a series of observations in his article, most notably linking different forms of insanity with reactions to, and relationships with, music, both in terms of listening and performing. Like many asylums, by the 1890s, Derby provided a number of opportunities for musical experience and Legge's account suggests patients had regular access to pianos, music in the chapel, and more formal performances. Legge also refers to patients playing in asylum bands, which was more unusual even during the later period.⁵⁷

In common with some of the approaches taken by Medical Superintendents elsewhere, Legge largely considered musical experience in terms of an intellectual appreciation: his report focusses on the 'Musical Faculty', including both the evidence of a 'Musical Ear' and emotional responses to music. Alongside these he considered the more advanced skills of execution and composition.⁵⁸ Assessing a musical ear was, however, not without difficulty: Legge recounted that 'It is not easy to determine accurately the amount of ear for music which a person may possess, and with the insane the difficulty is increased; in the case of 'idiots', often, all that we can do is to form a rough judgement, by listening to their singing and noting if it be in tune'.⁵⁹ Nevertheless, Legge attempted to formulate a potential link between mental illness and musical 'ear' by observing patients' appreciation of musical intervals, tuning and rhythm.

Many of the patients Legge chose to observe were active in producing music – playing the piano or singing hymns were the most common manifestations of a musical interest. Yet listening does play an important part in his assessment of musical ability, although recorded with less detail than performance. In most cases Legge suggested that musical appreciation was significantly reduced by a patient's afflictions. Among patients suffering from mania this was most acute. Among those experiencing acute mania, for example, he noted 'Music heard by him has little effect; at most it arrests his attention for a

⁵⁷ Ibid., 370.

⁵⁸ Ibid., 368.

⁵⁹ Ibid.

moment, or turns the current of his thoughts into a different channel.'⁶⁰ A similar effect is recorded among patients suffering chronic mania, although here Legge also makes reference to the specific impact of musical listening: 'Excitable patients occasionally become excited on hearing lively music; but on the whole, I think that susceptibility to musical influence is less marked among chronic maniacs than among the sane.'⁶¹

Regarding melancholic patients, Legge had little more positive to record. Patients with melancholia, he reported, 'seldom play, and are seldom pleased on hearing music.'⁶² He refers to an observation made by Florence Nightingale, noting the effective use of music with a sustained character (such as a harmonium) in treating the sick. While this might apply to those with mild depression, Legge argues, in the case of severely depressed patients 'music of a sad character deepens the patient's gloom, while lively music often irritates him as out of keeping with his feelings.'⁶³ Furthermore, music of a 'high class' required an effort to appreciate, beyond the capabilities of melancholic patients. While musical entertainment could act as an effective boost for those already recovering, or to brighten the lives of 'permanent residents', it was ineffective as a means for beginning to cure such patients.

Legge's pessimism continues throughout his account of other types of mental affliction. Among patients suffering from general paralysis, he noted a 'loss of ear for music'; among dementia patients he recorded that 'after the capacity for appreciating music has been lost, the power of performing upon an instrument remains'.⁶⁴ One patient is recorded as retaining her ability to play complex piano pieces, though without musical feeling or intelligent understanding, although 'she takes no notice of music played in her hearing.'⁶⁵ It was only among 'idiotic' patients that the musical ear played a particular part in the patient's remaining abilities; Legge notes that 'In idiocy we find that a rudimentary aesthetic sense frequently exists in cases where other common mental attributes are nearly, or quite, absent.'⁶⁶ The

⁶⁰ Ibid., 369.

⁶¹ Ibid., 371.

⁶² Ibid., 371.

⁶³ Ibid., 371.

⁶⁴ Ibid., 372.

⁶⁵ Ibid., 373.

⁶⁶ Ibid., 373.

musical capacity of 'idiotic' patients, he found, was on a par with 'musically-uncultivated sane persons': while general enjoyment of music might remain, the reduced intellectual faculties meant that appreciation of complex musical forms or emotional expression was impossible.⁶⁷ Among the fifty 'idiots' he examined, thirty were found 'to be pleased when they hear music.'⁶⁸ One of Legge's 'idiotic' patients further demonstrated the power of music to penetrate intellectual incapacitation. This particular patient 'had never been heard to speak, and was supposed to be deaf and dumb, until she was heard singing a tune picked up from another patient; she took little notice of unmusical noises, even when loud, but usually showed pleasure on hearing musical sounds; she was almost devoid of intelligence, could not walk, and did not recognise her nurse.'⁶⁹

Legge's experiments show that, even in the absence of other intellectual abilities, patients continued to demonstrate a mental engagement with music. Here, the pleasurable and the intellectual are entwined. Legge's work explored the different ways in which music could be engaged with and appreciated – whether in performance or in listening. Legge's interest in the aesthetic also extended the work of earlier Medical Officers from the general to the specific, investigating mismatches between physicality, intellectual and emotional engagement (such as the pianist who played with no musical feeling).

Legge's consideration of musical listening, intellect and appreciation speaks to some of the contemporary debates about the aesthetics of listening. In particular, papers read at the Musical Association had responded to John Stainer's influential book on *Music in its relation to the Intellect and the Emotions*, first published in 1892.⁷⁰ Stainer argued that intellectual engagement with musical form was a necessary pre-requisite for a true emotional response; advanced musical training, resulting in a

⁶⁷ Ibid., 374.

⁶⁸ Ibid., 373.

⁶⁹ Ibid., 373.

⁷⁰ Stainer, *Music in its Relation to the Intellect and the Emotions* (London: Novello, 1892). Among the relevant subsequent papers were Charles W. Pearce, 'On Listening to Music' (Proceedings of the Musical Association 19th Sess. (1892 - 1893), 53-68), Henry Charles Banister, 'On Judgement and Taste with regard to Music' (Proceedings of the Musical Association 18th Sess. (1891 - 1892), 55-69) and Ernest Lake, 'Some Thoughts on the Social Appreciation of Music' (Proceedings of the Musical Association 18th Sess. (1891 - 1892), 93-102).

more detailed intellectual understanding, would result in a deeper emotional experience. Given the choice between intelligence and emotion, Stainer is unashamed about his preference for the 'intelligent non-emotionalist' over the 'untrained emotionalist'; while the judgement of the former is limited, the experience of the latter is of no value at all.⁷¹ It is clear from the evidence we have about musical listening in asylums that direct, emotional engagement with music was certainly part of the way in which music was received, but that it was the use of music to move patients towards self control and an intellectual engagement with both music and the world at large that meant it took on further prominence as part of the therapeutic package. Some of this approach was also to be found in Legge's summaries, but applied to the 'higher' skills of performance and composition. He suggested that, while mechanical ability might not be impaired, 'as the higher expressions of the aesthetic sense involve not only emotions of great complexity, but much pure intellect, so, in the power of employing music as a means of appealing to the higher feelings, the capacity of the imbecile diminishes *pari paneu* with his mental power'.⁷² It is Legge's work, rather than the generalised musical events of the earlier asylum regimes, that speak more closely to modern-day, personal approaches to music therapy.

Legge's article doesn't carry his observations through to any suggestions about using music to treat insanity; by the end of the nineteenth century medical advances meant that, while music and other aspects of moral management remained important parts of asylum life, 'treatment' had taken on a more systematised and medicalised form. Yet in parallel to Legge's interest, the work of Frederick Kill Harford aimed to use these kinds of observations to introduce music as a regular part of treatment. Legge's observation about excitable patients, in particular, was echoed in Harford's work in his attempts to provide a style of music appropriate to each patient's ailments.

Conclusion

Tracing the musical experiences of the paupers in lunatic asylums via the reports and opinions of institutional management gives only a snapshot of the reality of musical life in such institutions. We also

⁷¹ Stainer, *Music in its Relation to the Intellect and the Emotions*, 50.

⁷² Legge, 'Music and the Musical Faculty in Insanity', 374.

only gain a second-hand impression of the experiences of the pauper inmates, through the lens of senior medical and religious men. However, the records do suggest a rich diet of musical listening and participation, at least for those who were well enough in body and mind to participate. Music was introduced with specific purposes, as part of the general balance of everyday activity, and as a regular feature of religious observance. We can be sure it offered a welcome opportunity for a change of scene and of company, and in some cases appears to have been an important form of therapy. Listening to music, and participation in group activity in response to music such as dancing or hymn singing, were indications of mental and physical control, and to be encouraged. However, individual music making or responding with extreme emotions were to be avoided, and could be a symptom or cause of mental distress.

Legge's records of patients' interactions with music offer further examples of the attempts to understand musical experience within an overall programme of therapy. In this case Legge used patients' interactions with music to explore the place of intellect and emotion within a range of mental illnesses. His observations also tell us about the contemporary aesthetics of musical listening, which considered the different aspects of intellectual engagement and emotional response as well as simple concepts such as the 'musical ear'. Legge also provides challenging examples of the disconnect between musical experience – whether through listening or performance – and other aspects of everyday life.

Reflecting further on the topic of musical listening and the question of whether this represented a form of care or control helps to draw further conclusions from the material presented in this article. The importance of intellectual engagement with music reflected in Legge's examples, together with the emphasis on self-control as an ideal effect of musical experience, speak to a particular form of musical impact. This is also present in the use of music to recreate normative social situations, such as the central role of the dance, as well as the structural importance of music in the chapel services. Music was used as part of a framework which enabled patients to act in a certain way, mirroring the social expectations and norms of the world outside the institution. In this sense the personalised approach of Legge's experiments was anathema to the mid-century asylum. Music there was part of a scheme to help adapt

patients for the expectations of everyday life, through self control, behaviour in particular contexts and the imposition of a careful structure.

Thus musical listening provided both a specifically musical experience, and a social and cultural scaffold within which patients could model the expected behaviour. In these ways music was a crucial part of the attempts to create a world-in-miniature for the unfortunate inhabitants of the asylum. Music was received on both an intellectual and emotional level, invoking particular responses as well as providing the general improvement in wellbeing mentioned by so many of the asylums' Medical Superintendents. In many ways the carefully controlled aural world of the lunatic asylum was simply intended to replicate, or create an idealised version of, the music of day-to-day life. In some ways this was altered and sanitised by the middle-class asylum management. Music was used as part of the structure and regularity of moral management, and to promote self-control for the individual. In some circumstances it had a therapeutic value or could be indicative of a medical condition.

While reports from the cloistered world of the lunatic asylum provides only a partial sense of how music was listened to, experienced, and used within the institutions under consideration, they do give us information for further reflection on the wider place of music and music aesthetics , particularly within a narrative of social and cultural control. Where the term 'rational recreation' is often used with regard to Victorian musical projects, the asylums perhaps represent an extreme case. Here, bringing a patient to 'rationality' was, indeed, often the expressed intention, and the carefully-controlled exposure to musical listening was intended to lead directly to both self-control and overall social discipline. The lunatic asylum therefore represents a microcosmic, managed sense of the ways in which musical listening worked in the idealised Victorian society.